



COLORADO
Department of Health Care
Policy & Financing

Department of Health Care Policy & Financing
1570 Grant Street
Denver, CO 80203

Notice of Income Trust Closure

Date:

Colorado Department of Health Care Policy and Financing
ATTENTION: Trust Recoveries
1570 Grant St.
Denver, CO 80203-1714

RE: Income Trust Closure

Client's Name: _____
Case Number: _____
State ID: _____
Date of Birth: _____
Trustee Name: _____
Trustee Address: _____

Reason for Closure:
 Date of Death: _____
 Moved out of state
 Discontinued Medicaid
 Other: _____

Article 4.02 of the Declaration of Income Trust states that the trust shall be closed upon the death of the client or when the trust is no longer necessary for Medicaid eligibility in Colorado. Pursuant to 10 C.C.R. 2505-10, Section 8.100.7.E.6.a.i. the amount remaining in the trust and an accounting of the trust are due to the Department within three (3) months following the date of the client's death.

Closure of the client's trust is being requested by the county. Please find enclosed copies of the client's 5615 forms, trust accountings, and other accompanying trust documentation. The county has notified the trustee of record that request for closure has been sent to the Department and that payment of the balance of the trust shall be remitted to the Department within three months.

Please contact me at the number listed below if additional information is needed. Thank you.

Adult Eligibility Technician:
County:
Telephone #:
Email:

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.
www.colorado.gov/hcpf

